| Fill in this information to identify your case: | | |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF MICHIGAN | - | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

02/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: | Identify Yourself | | |
|----|--------------------|---|--|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | |
| | your | e the name that is on government-issued ure identification (for mple, your driver's | Carol First name A. | First name |
| | | nse or passport). | Middle name | Middle name |
| | iden | g your picture tification to your ting with the trustee. | Visconti Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | | other names you have d in the last 8 years | | |
| | | ude your married or den names. | | |
| 3. | you num Indi | y the last 4 digits of r Social Security ober or federal vidual Taxpayer otification number | xxx-xx-3488 | |

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) |
| | doing business as names | FIN | - FINI |
| | | EIN | EIN |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 14304 Brandywine Road Sterling Heights, MI 48312 | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Macomb County | County |
| | | · | · · |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

| Deb | tor 1 | Carol A. Visconti | | | | | Case number (if known) | |
|------|-------------------------|--|-------------------------|--------------------------|--|--|---|-----------|
| | | | | | | | | |
| Part | 2 : | Tell the Court About \ | our Bankru | iptcy Ca | ase | | | |
| 7. | Bank | chapter of the cruptcy Code you are sing to file under | Check one (Form 2010 | . (For a l 0)). Also, | orief description of ea go to the top of page | ach, see <i>Notice Required b</i> e 1 and check the appropri | y 11 U.S.C. § 342(b) for Individuals Filing for Bankruate box. | uptcy |
| | CITOC | sing to me under | Chapte | r 7 | | | | |
| | | | ☐ Chapte | r 11 | | | | |
| | | | ☐ Chapte | r 12 | | | | |
| | | | ☐ Chapte | r 13 | | | | |
| 8. | How | you will pay the fee | abou orde | it how yo r. If your | ou may pay. Typically | , if you are paying the fee | eck with the clerk's office in your local court for more /ourself, you may pay with cash, cashier's check, or half, your attorney may pay with a credit card or che | r money |
| | | | | | | | tion, sign and attach the Application for Individuals t | to Pay |
| | | | | J | ee in Installments (Of | , | on only if you are filing for Chapter 7. By law, a judg | ıe mav |
| | | | but is | s not req es to yo | uired to, waive your turned to, waive your to | fee, and may do so only if y u are unable to pay the fee | rour income is less than 150% of the official poverty in installments). If you choose this option, you must ficial Form 103B) and file it with your petition. | line that |
| 9. | | you filed for | ■ No. | | | | | |
| | | ruptcy within the 3 years? | ☐ Yes. | | | | | |
| | | | | District | | When | Case number | |
| | | | | District | | When | Case number | |
| | | | | District | | When | Case number | |
| | | | | | | | | |
| 10. | | ny bankruptcy | ■ No | | | | | |
| | filed not fi you, | s pending or being by a spouse who is ling this case with or by a business er, or by an ate? | ☐ Yes. | | | | | |
| | | | | Debtor | | | Relationship to you | |
| | | | | District | | When | Case number, if known | |
| | | | | Debtor | | | Relationship to you | |
| | | | | District | | When | Case number, if known | |
| 11. | | ou rent your | ■ No. | Go to l | line 12. | | | |
| | resid | ence? | ☐ Yes. | Has yo | our landlord obtained | an eviction judgment agair | nst you? | |
| | | | | | No. Go to line 12. | - | | |
| | | | | | Yes. Fill out <i>Initial</i> S this bankruptcy peti | | n Judgment Against You (Form 101A) and file it as p | oart of |
| | | | | | | | | |

| Deb | otor 1 Carol A. Visconti | | | | Case number (if known) |
|-----|---|-----------|----------------------------|---|---|
| | | | | | |
| Par | t 3: Report About Any Bu | sinesses | You Owr | as a Sole Propriet | or |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | |
| | | ☐ Yes. | Name | and location of bus | iness |
| | A sole proprietorship is a | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | of business, if any | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | er, Street, City, Stat | e & ZIP Code |
| | it to this petition. | | Chec | k the appropriate box | x to describe your business: |
| | | | | Health Care Busin | less (as defined in 11 U.S.C. § 101(27A)) |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | Stockbroker (as de | efined in 11 U.S.C. § 101(53A)) |
| | | | | Commodity Broke | r (as defined in 11 U.S.C. § 101(6)) |
| | | | | None of the above | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | déadlines | s. If you ir is, cash-f | ndicate that you are a ow statement, and for | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure |
| | For a definition of small | ■ No. | I am r | not filing under Chap | ter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | | | 11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11. |
| | | ☐ Yes. | | | 11, I am a small business debtor according to the definition in the Bankruptcy Code, and r Subchapter V of Chapter 11. |
| Par | t 4: Report if You Own or | Have Any | Hazardo | ous Property or Any | y Property That Needs Immediate Attention |
| 14. | property that poses or is alleged to pose a threat | ■ No. | | | |
| | of imminent and identifiable hazard to public health or safety? Or do you own any | | What is | the hazard? | |
| | property that needs immediate attention? | | | liate attention is why is it needed? | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | |
| | | | | | Number, Street, City, State & Zip Code |
| | | | | | |

Debtor 1 Carol A. Visconti

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Carol A. Visconti | | | Case number | (if known) |
|-----|---|--|--|--|---|
| Par | t 6: Answer These Questi | ons for Repo | orting Purposes | | |
| | What kind of debts do you have? | | re your debts primarily consultividual primarily for a personal, | | ned in 11 U.S.C. § 101(8) as "incurred by an |
| | | | No. Go to line 16b. | | |
| | | | Yes. Go to line 17. | | |
| | | | | ss debts? Business debts are debts t nt or through the operation of the busi | |
| | | | No. Go to line 16c. | | |
| | | | Yes. Go to line 17. | | |
| | | 16c. St | ate the type of debts you owe th | at are not consumer debts or business | s debts |
| 17. | Are you filing under Chapter 7? | □ No. I a | m not filing under Chapter 7. Go | o to line 18. | |
| | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will | - res. | | u estimate that after any exempt prope le to distribute to unsecured creditors? | erty is excluded and administrative expenses |
| | be available for distribution to unsecured creditors? | | Yes | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-199 □ 200-999 | | ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 |
| 19. | How much do you estimate your assets to be worth? | □ \$0 - \$50,0 □ \$50,001 - | | \$1,000,001 - \$10 million \$10,000,001 - \$50 million | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion |
| | be worth: | ■ \$100,001 □ \$500,001 | | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion |
| 20. | How much do you estimate your liabilities to be? | □ \$0 - \$50,0 □ \$50,001 | - \$100,000 | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion |
| | | ■ \$100,001 □ \$500,001 | | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| Par | 7: Sign Below | | | | |
| For | you | I have exam | ined this petition, and I declare | under penalty of perjury that the inform | nation provided is true and correct. |
| | | | | n aware that I may proceed, if eligible, available under each chapter, and I cho | under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7. |
| | | | | ay or agree to pay someone who is not ice required by 11 U.S.C. § 342(b). | an attorney to help me fill out this |
| | | I request reli | ef in accordance with the chapte | er of title 11, United States Code, spec | sified in this petition. |
| | | bankruptcy of and 3571. | case can result in fines up to \$25 | | r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | /s/ Carol A. Vi Carol A. Vi Signature of | sconti | Signature of Debtor | 2 |
| | | Executed on | April 1, 2020 MM / DD / YYYY | Executed on MM | / DD / YYYY |

| Debtor 1 | Carol A. Visconti | Case number (if known) | |
|----------|-------------------|------------------------|--|
| | | | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Joseph L. Grima Signature of Attorney for Debtor | Date | April 1, 2020 MM / DD / YYYY |
|---|---------------|---------------------------------|
| Joseph L. Grima P44756 Printed name | | |
| Joseph L. Grima & Assoc. P.C. | | |
| 18232 Mack Ave. Grosse Pointe Farms, MI 48236 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (313)417-8422 | Email address | jgrima@grimalaw.com |
| P44756 MI | | |

| Fill | n this information to identify your case: | | | | |
|---------|--|--|---|------------|------------------------------------|
| Deb | Carony in Victoria | liddle Name | Last Name | | |
| Deb | | liddle Name | Last Name | | |
| (Spou | se if, filing) First Name M | iddle Name | Last Name | | |
| Unit | ed States Bankruptcy Court for the: EAST | ERN DISTRICT OF MI | CHIGAN | | |
| 1 | e number | | | | |
| (if kno | wn) | | | _ | eck if this is an nended filing |
| | | | | ۵., | g |
| ∩ff | icial Form 106Sum | | | | |
| | | iahilities and (| Certain Statistical Information | 1 | 12/15 |
| Be as | s complete and accurate as possible. If two mation. Fill out all of your schedules first; original forms, you must fill out a new <i>Sur</i> | o married people are then complete the inf | filing together, both are equally responsible ormation on this form. If you are filing ame | for supp | |
| | | | | You | ır assets |
| | | | | | ue of what you own |
| 1. | Schedule A/B: Property (Official Form 106A | | | c | 175,000.00 |
| | • • | | | _ | 173,000.00 |
| | 1b. Copy line 62, Total personal property, fro | m Schedule A/B | | . \$_ | 55,601.00 |
| | 1c. Copy line 63, Total of all property on Sch | edule A/B | | \$_ | 230,601.00 |
| Part | 2: Summarize Your Liabilities | | | | |
| | | | | | r liabilities ount you owe |
| 2. | Schedule D: Creditors Who Have Claims Sec 2a. Copy the total you listed in Column A, An | | cial Form 106D) ottom of the last page of Part 1 of <i>Schedule D.</i> | \$_ | 134,000.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecura 3a. Copy the total claims from Part 1 (priority | | m 106E/F) om line 6e of <i>Schedule E/F.</i> | . \$_ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpri | iority unsecured claims |) from line 6j of Schedule E/F | . \$_ | 93,200.00 |
| | | | Your total liabilitie | \$ | 227,200.00 |
| Part | 3: Summarize Your Income and Expens | es | | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from lin | | | \$_ | 3,363.00 |
| 5. | Schedule J: Your Expenses (Official Form 10 Copy your monthly expenses from line 22c o | | | \$_ | 3,343.00 |
| Part | 4: Answer These Questions for Adminis | strative and Statistica | l Records | | |
| 6. | Are you filing for bankruptcy under Chapt No. You have nothing to report on this p | | this box and submit this form to the court with | your other | schedules. |
| 7. | ■ Yes What kind of debt do you have? | | | | |
| | ■ Your debts are primarily consumer d | ebts. Consumer debts | are those "incurred by an individual primarily f | or a perso | nal, family, or |

household purpose." 11 Ú.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Summary of Your Assets and Liabilities and Certain Statistical Information Official Form 106Sum

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____300.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tota | ıl claim |
|--|------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 39,900.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 39,900.00 |

| | 0 14 1/2 | your case and th | _ | | |
|-------------------|-----------------------------------|------------------------|--|--|--|
| ebtor 1 | Carol A. Visc | ONTI Middle | Name Last Name | | |
| ebtor 2 | - AN | | | | |
| pouse, if filing) | First Name | Middle | | | |
| nited States E | Bankruptcy Court for | the: EASTERN | DISTRICT OF MICHIGAN | | |
| ase number | | | | | Check if this is a amended filing |
| Afficial E | orm 1061/D | , | | | |
| | orm 106A/B I le A/B: Pr | - | | | 12/15 |
| art 1: Describ | uestion. be Each Residence, Bu | uilding, Land, or Otl | neet to this form. On the top of any additional page ner Real Estate You Own or Have an Interest In ny residence, building, land, or similar property? | s, write your name a | nd case number (if known). |
| ■ Yes. | Where is the property? | | | | |
| 1 | | | What is the property? Check all that apply | | |
| 4 400 4 5 | randywine Road | crintion | Single-family home | Do not deduct sec | |
| | ss, if available, or other des | сприон | □ Duplex or multi-unit building □ Condominium or cooperative | | ured claims or exemptions. Put secured claims on Schedule D: ve Claims Secured by Property. |
| Street address | | 48312-0000 ZIP Code | Condominium or cooperative Manufactured or mobile home Land | Current value of tentire property? | secured claims on Schedule D: ve Claims Secured by Property. the Current value of the portion you own? |
| Street address | Heights MI | 48312-0000 | Condominium or cooperative Manufactured or mobile home Land | Current value of tentire property? \$175,000 Describe the natu (such as fee simp | the Current value of the portion you own? 2.00 \$175,000.0 Lire of your ownership interest ole, tenancy by the entireties, o |
| Sterling I City | Heights MI State | 48312-0000 | Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only | Current value of tentire property? \$175,000 Describe the natu (such as fee simple a life estate), if kr | the Current value of the portion you own? 2.00 \$175,000.0 Lire of your ownership interest ole, tenancy by the entireties, o |
| Sterling I | Heights MI State | 48312-0000 | Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one | Current value of tentire property? \$175,000 Describe the natu (such as fee simple a life estate), if kr Fee simple sul | secured claims on Schedule D: ve Claims Secured by Property. the Current value of the portion you own? 0.00 \$175,000.0 ure of your ownership interest ole, tenancy by the entireties, onown. bject to mortgage is community property |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Schedule A/B: Property Official Form 106A/B page 1

| 3. Ca | | unaka traatara | | | | |
|--|--|--|--|--|--|---|
| | rs, vans, tr | ucks, iraciors, | sport utility ve | hicles, motorcycles | | |
| | ut- | | | | | |
| _ | | | | | | |
| • | Yes | | | | | |
| | | Ford | | | Do not deduct secured | claims or exemptions. Put |
| 3.1 | Make: | Ford | | Who has an interest in the property? Check one | the amount of any secu | ured claims on Schedule D: |
| | _ | Escape | | ■ Debtor 1 only | Creditors Who Have C | laims Secured by Property. |
| | - | 2017 te mileage: | 15000 | Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other infor | | 15000 | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | entire property? | portion you own? |
| | | s being rejecte | ad | At least one of the debtors and another | | |
| | Ecase 1 | - Joing rejecte | , | ☐ Check if this is community property (see instructions) | \$20,000.00 | \$20,000.00 |
| 3.2 | Make: | Chrysler | | Who has an interest in the property? Check one | | claims or exemptions. Put |
| | _ | Jeep Cheroke | ee | ■ Debtor 1 only | | ured claims on Schedule D: laims Secured by Property. |
| | _ | 2018 | | Debtor 2 only | | |
| | - | te mileage: | unknown | Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other infor | mation: | | At least one of the debtors and another | | |
| | Leased - | is being assu | med | | | |
| | | | | Check if this is community property (see instructions) | \$30,000.00 | \$30,000.00 |
| Exa | <i>mples:</i> Boa No | | | d other recreational vehicles, other vehicles, al tercraft, fishing vessels, snowmobiles, motorcycle | | |
| Exa ■ 1 □ ` | amples: Boa No Yes | ats, trailers, moto | ors, personal wa | tercraft, fishing vessels, snowmobiles, motorcycle n for all of your entries from Part 2, including a | accessories | \$50,000.00 |
| Exa | amples: Boa No Yes dd the dolla ges you h | ats, trailers, moto ar value of the ave attached fo | ors, personal wa portion you ow or Part 2. Write t | n for all of your entries from Part 2, including a | accessories | \$50,000.00 |
| Example 5 According to 1 according t | amples: Boa No Yes Idd the dolla ges you h | ar value of the ave attached fo | portion you ow pr Part 2. Write t | n for all of your entries from Part 2, including a | accessories | |
| Example 5 Acc. part 3 | amples: Boa No Yes Idd the dolla ges you h | ar value of the ave attached fo | portion you ow pr Part 2. Write t | n for all of your entries from Part 2, including a | accessories | \$50,000.00 Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Exact | amples: Book Yes Indicate the dollar Indicate the Indica | ar value of the ave attached for have any legal oods and furniajor appliances, | portion you ow or Part 2. Write to and Household Ite or equitable into | n for all of your entries from Part 2, including a | accessories | Current value of the portion you own? Do not deduct secured |
| Exact | amples: Board No Yes Indicate the dollar ges you have bou own or | ar value of the ave attached for ave any legal oods and furniajor appliances, | portion you ow or Part 2. Write to and Household Its or equitable into shings furniture, linens | n for all of your entries from Part 2, including a that number hereems terest in any of the following items? | accessories | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Exact | amples: Board No Yes Indicate the dollar ges you have bou own or | ar value of the ave attached for ave any legal oods and furniajor appliances, | portion you ow or Part 2. Write to and Household Its or equitable into shings furniture, linens | n for all of your entries from Part 2, including a that number hereems | accessories | Current value of the portion you own? Do not deduct secured |
| Exact | amples: Board No Yes Idd the dollar ges you have but own or | ar value of the ave attached for a Your Personal a have any legal coods and furnicajor appliances, cribe | portion you ow or Part 2. Write of and Household Ite or equitable into | n for all of your entries from Part 2, including a that number hereems terest in any of the following items? | accessories any entries for | Current value of the portion you own? Do not deduct secured claims or exemptions. |

Official Form 106A/B Schedule A/B: Property page 2

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections;

■ No

other collections, memorabilia, collectibles

| De | ebtor 1 | Carol A. Visc | onti Case numb | per (if known) |
|-----|-------------|---|---|---|
| | ☐ Yes. | Describe | | |
| | | | | |
| 9. | Example No | ent for sports ares: Sports, photo musical instru | graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, s | kis; canoes and kayaks; carpentry tools; |
| 10. | ■ No | | s, shotguns, ammunition, and related equipment | |
| 11. | □ No | | othes, furs, leather coats, designer wear, shoes, accessories | |
| | | | miscellaneous wearing ap0parel | \$2,000.00 |
| 12. | □ No | | velry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watch 15 pairs of earrings (costume); 20 necklaces (costume); 15 bracelets (costume); 15 rings (costume), 1 gold wedding ring. | hes, gems, gold, silver |
| 13. | Examp ■ No | rm animals bles: Dogs, cats, l | pirds, horses | |
| 14. | ■ No | ner personal an | d household items you did not already list, including any health aids you die | d not list |
| 15 | | | of all of your entries from Part 3, including any entries for pages you have a number here | \$5,500.00 |
| | | scribe Your Finan | | |
| Do | o you ow | n or have any l | egal or equitable interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | □ No | | nave in your wallet, in your home, in a safe deposit box, and on hand when you fil | le your petition |
| | | | Cash | \$11.00 |

Official Form 106A/B Schedule A/B: Property page 3

| De | ebtor 1 Carol A. Visco | ntı | | Case number (if known) | |
|-----|---|-----------|--------------------------------------|--|--------------------|
| | - | | | | |
| 17. | Deposits of money Examples: Checking, say | /inas. c | or other financial accounts | ; certificates of deposit; shares in credit unions, brokerage houses, and | other similar |
| | institutions. If | | | the same institution, list each. | |
| | □ No | | | Institution name. | |
| | Yes | | On do so O also alde e | Institution name: | |
| | | | Savings & checking account ending in | | |
| | | 17.1. | | Community Choice C.U. | \$20.00 |
| | | | | | |
| | | | savings account | | # = 00 |
| | | 17.2. | ending in 7108 | Christian Financial C.U. | \$5.00 |
| | | | | | |
| 18. | Bonds, mutual funds, or | | | as firms, manay market assayints | |
| | ■ No | ivesiiii | ent accounts with brokera | ge firms, money market accounts | |
| | ☐ Yes | | Institution or issuer name | : : | |
| | | | | | |
| | | | | | |
| 19. | Non-publicly traded sto | ck and | interests in incorporate | d and unincorporated businesses, including an interest in an LLC. | , partnership, and |
| | joint venture | | · | | |
| | ■ No | | | | |
| | ☐ Yes. Give specific info | | | 0/ of oursership: | |
| | | INa | me of entity: | % of ownership: % | |
| _ | | | | | |
| 20. | | | | e and non-negotiable instruments checks, promissory notes, and money orders. | |
| | | | | r to someone by signing or delivering them. | |
| | ■ No | | | | |
| | ☐ Yes. Give specific inform | mation | about them | | |
| | | Iss | uer name: | | |
| | | _ | | | |
| | | | | | |
| 21. | Retirement or pension a | | |), thrift savings accounts, or other pension or profit-sharing plans | |
| | □ No | ., LI | on, reogn, 401(k), 400(b) | y, think savings associate, or other perision or profit sharing plans | |
| | Yes. List each account | separa | tely. | | |
| | | | of account: | Institution name: | |
| | | Retir | rement | Social Security Benefits | Unknown |
| | | T(Ctil | | Occiai Gecurity Derients | OTIKITOWIT |
| | • " . " . | | | | |
| 22. | Security deposits and p Your share of all unused | | | you may continue service or use from a company | |
| | | | | c utilities (electric, gas, water), telecommunications companies, or other | 'S |
| | ■ No | | | | |
| | ☐ Yes | | | Institution name or individual: | |
| | | | | | |
| | | | | | |
| 23. | _ | a perio | odic payment of money to | you, either for life or for a number of years) | |
| | ■ No | ior non | as and description | | |
| | Yes Issu | nei iidli | ne and description. | | |
| | | | | | |
| | | | | | |
| 24. | . Interests in an education 26 U.S.C. §§ 530(b)(1), 52 | | | ed ABLE program, or under a qualified state tuition program. | |
| | 20 0.0.0. vy 00000111. 0/ | -ひへ(ひ)。 | and Jedion II. | | |

Official Form 106A/B Schedule A/B: Property page 4

■ No

| Debtor 1 | Carol A. Visconti | | Case number (if known | n) |
|---------------------|---|--|---|---|
| ☐ Ye | s Institution name ar | d description. Separately file the | records of any interests.11 U.S.C. § 521(| s): |
| ■ No | | | listed in line 1), and rights or powers e | xercisable for your benefit |
| Exal ■ No | nts, copyrights, trademarks, trademples: Internet domain names, web | sites, proceeds from royalties and | | |
| Exal ■ No | nses, franchises, and other gener mples: Building permits, exclusive li- | censes, cooperative association h | noldings, liquor licenses, professional licer | nses |
| Money o | or property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | | em, including whether you alread | dy filed the returns and the tax years | |
| 20 F ami | hy cumport | | | |
| Exal ■ No | ly support mples: Past due or lump sum alimor s. Give specific information | y, spousal support, child support | , maintenance, divorce settlement, proper | ty settlement |
| Exai | r amounts someone owes you mples: Unpaid wages, disability insubenefits; unpaid loans you make the specific information | rance payments, disability benefi ade to someone else | its, sick pay, vacation pay, workers' comp | ensation, Social Security |
| <i>Exai</i> □ No | | | SA); credit, homeowner's, or renter's insur | ance |
| ■ Ye | s. Name the insurance company of Company r | | Beneficiary: | Surrender or refund value: |

Official Form 106A/B Schedule A/B: Property page 5

| Debtor 1 | Carol A. Viscont | i | Case number (if known) | |
|-----------------------------|--|--|---|---|
| | | New York Life (Whole Life Ins.) | Samantha Visconti, Nicholas Visconti & Michael Visconti(adult children) | \$65.00 |
| | | Cuna Mutual (Accidental death & disemberment) | Samantha Viaconti, Nicholas Visconti & Michael Visconti (Adult children) | \$0.00 |
| | | Minnesota Life (Accidental death & dismemberment) | Nicholas Visconti, Samanthe Visconti, Michael Visconti (adult children) | \$0.00 |
| If you some | | hat is due you from someone who has died f a living trust, expect proceeds from a life insurar | nce policy, or are currently entitled to recei | ve property because |
| □ 165. | . Give specific inform | auon | | |
| | | | | <u> </u> |
| ■ No □ Yes. 34. Other | . Describe each clain | iquidated claims of every nature, including cou | | set off claims |
| ■ No | nancial assets you o | | | |
| ☐ Yes. | . Give specific inform | nation | | |
| | | | | |
| | | all of your entries from Part 4, including any en | | \$101.00 |
| Part 5: De | escribe Any Business- | Related Property You Own or Have an Interest In. Lis | t any real estate in Part 1. | |
| No. G | own or have any legal to to Part 6. Go to line 38. | or equitable interest in any business-related propert | ty? | |
| | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38. Acco ι | unts receivable or co | ommissions you already earned | | |

Official Form 106A/B Schedule A/B: Property page 6

☐ No

| Debtor 1 | Carol A. Visco | onti Case number (if known) | |
|-------------------------|--|--|-------------------------|
| ☐ Yes. | Describe | | |
| 39. Office Examp | equipment, furni: bles: Business-rela | ishings, and supplies lated computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, cha | irs, electronic devices |
| □ No □ Yes. | Describe | | |
| 40. Machir | nery, fixtures, equ | uipment, supplies you use in business, and tools of your trade | |
| | | | |
| □ No □ Yes. | Describe | | |
| 41. Invent | torv | | |
| □ No | Describe | | |
| | | | |
| 42. Interes | sts in partnership | ps or joint ventures | |
| □ No □ Yes. | Give specific info | ormation about them | |
| | | | |
| 43. Custor | mer lists, mailing | g lists, or other compilations | |
| ☐ Do you | ur lists include pers | sonally identifiable information (as defined in 11 U.S.C. § 101(41A))? | |
| | □ No □ Yes. Describe. | | |
| | | | |
| 44. Any b u | usiness-related p | property you did not already list | |
| □ No □ Yes. | Give specific infor | rmation | |
| | | | |
| | | of all of your entries from Part 5, including any entries for pages you have attached number here | |
| | | and Commercial Fishing-Related Property You Own or Have an Interest In. interest in farmland, list it in Part 1. | |
| - | u own or have any | ny legal or equitable interest in any farm- or commercial fishing-related property? | |
| | Go to Part 7. Go to line 47. | | |
| ⊔ Yes | . Go to line 47. | | Current value of the |

portion you own?
Do not deduct secured claims or exemptions.

| Debtor 1 | Carol A. Vise | conti | Case number (if known) | |
|--------------------------------|--|---|-------------------------------|------------|
| 47. Farm <i>Exan</i> | | oultry, farm-raised fish | | |
| □ No □ Yes | S | | | |
| | | | | |
| 48. Crops | s—either growin | g or harvested | | |
| □ No □ Yes | s. Give specific inf | ormation | | |
| | | | | |
| 49. Farm | and fishing equ | pment, implements, machinery, fixtures, and tools of | trade | |
| □ No □ Yes | S | | | |
| | | | | |
| 50. Farm | and fishing sup | olies, chemicals, and feed | | |
| □ No □ Yes | S | | | |
| | | | | |
| 51. Any f | arm- and comme | rcial fishing-related property you did not already list | | |
| □ No □ Yes | s. Give specific inf | ormation | | |
| | | | | |
| 52. Add | I the dollar value Part 6. Write that | of all of your entries from Part 6, including any entries | s for pages you have attached | |
| | | | | |
| Part 7: | Describe All Pr | operty You Own or Have an Interest in That You Did Not List | Above | |
| Exan | | perty of any kind you did not already list? ets, country club membership | | |
| ■ No □ Yes | s. Give specific inf | ormation | | |
| | | | | |
| -4 | lde delle | | | *** |
| 54. Add | i the dollar value | of all of your entries from Part 7. Write that number he | ere | \$0.00 |

Debtor 1 Carol A. Visconti Case number (if known) List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$175,000.00 Part 2: Total vehicles, line 5 \$50,000.00 57. Part 3: Total personal and household items, line 15 \$5,500.00 58. Part 4: Total financial assets, line 36 \$101.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 \$0.00 Part 7: Total other property not listed, line 54 61. Total personal property. Add lines 56 through 61... Copy personal property total \$55,601.00 62. \$55,601.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$230,601.00

| Fill in this inform | | | | | |
|---------------------|------------------------|--------------------|------------|----|-------------------|
| Debtor 1 | Carol A. Visconti | Middle Name | Last Name | | |
| D 17 0 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ban | kruptcy Court for the: | EASTERN DISTRICT O | F MICHIGAN | | |
| Case number | | | | _ | eck if this is an |
| | | | | am | nended filing |
| | | | | an | ienaea ming |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B Amount of the exemption you claim Check only one box for each exemption. | | Specific laws that allow exemption | |
|--|---|--|---|--|
| | | | ck only one box for each exemption. | |
| 14304 Brandywine Road Sterling Heights, MI 48312 Macomb County | | | \$41,000.00 | Mich. Comp. Laws § 600.5451(1)(m) |
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| miscellaneous household items Line from Schedule A/B: 6.1 | \$2,500.00 | | \$2,500.00 | Mich. Comp. Laws § 600.5451(1)(c) |
| Ellie Holli Genedale AVD. G. 1 | | | 100% of fair market value, up to any applicable statutory limit | 000.0401(1)(0) |
| 2 TV's, 1 dvd player, 1 laptop, 1 i-pad, 1 cell phone,1 Alexa,1 Apple watch | \$500.00 | | \$500.00 | Mich. Comp. Laws § 600.5451(1)(c) |
| Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | 000.0 10 1(1)(0) |
| miscellaneous wearing ap0parel | \$2,000.00 | | \$2,000.00 | Mich. Comp. Laws § 600.5451(1)(a)(iii) |
| Elle Holli Genedale Adb. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | 000.0401(1)(u)(iii) |
| 15 pairs of earrings (costume); 20 necklaces (costume); 15 bracelets | \$500.00 | | \$500.00 | Mich. Comp. Laws § 600.5451(1)(c) |
| (costume); 15 rings (costume), 1 gold wedding ring. Line from <i>Schedule A/B</i> : 12.1 | | | 100% of fair market value, up to any applicable statutory limit | 000.0401(1)(0) |
| | | | | |

| De | ebtor 1 Carol A. Visconti | | | Case number (if known) | |
|----|--|--|--------|---|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own | | | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Retirement: Social Security Benefits Line from Schedule A/B: 21.1 | Unknown | | Unknown | 42 U.S.C. § 407 |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | New York Life (Whole Life Ins.) Beneficiary: Samantha Visconti, | \$65.00 | | \$65.00 | Mich. Comp. Laws § 500.2207 |
| | Nicholas Visconti & Michael Visconti(adult children) Line from Schedule A/B: 31.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Cuna Mutual (Accidental death & disemberment) | \$0.00 | | \$0.00 | Mich. Comp. Laws § 500.2207 |
| | Beneficiary: Samantha Viaconti, Nicholas Visconti & Michael Visconti (Adult children) Line from Schedule A/B: 31.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Minnesota Life (Accidental death & dismemberment) | \$0.00 | | \$0.00 | Mich. Comp. Laws § 500.2207 |
| | Beneficiary: Nicholas Visconti, Samanthe Visconti, Michael Visconti (adult children) Line from <i>Schedule A/B</i> : 31.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every | | | led on or after the date of adjustmer | nt.) |
| | ■ No | | | | |
| | Yes. Did you acquire the property cover | ed by the exemption wi | thin 1 | ,215 days before you filed this case | ? |
| | □ No | | | | |
| | ☐ Yes | | | | |

| Fill i | n this information to | o identify you | r case: | | | | |
|----------------|---|---------------------|---------------------------------------|---|--|--|-------------------|
| Debt | or 1 Card | I A. Visconti | | | | | |
| Dobt | First N | ame | Middle Name | Last Name | | | |
| Debt (Spous | or 2 se if, filing) First N | ame | Middle Name | Last Name | | | |
| Unite | ed States Bankruptcy | Court for the: | EASTERN DISTRIC | CT OF MICHIGAN | | | |
| Case | e number | | | | | | |
| (if kno | | | | | | | if this is an |
| | | | | | | ameno | led filing |
| Offic | cial Form 106 | <u>D</u> | | | | | |
| Sch | nedule D: C | reditors | Who Have C | laims Secured | by Property | У | 12/15 |
| is nee numb | ded, copy the Additioner (if known). | nal Page, fill it o | out, number the entries, a | filing together, both are equind attach it to this form. Or | | | |
| _ | any creditors have cla | • | | | | | |
| _ | <u> </u> | | | your other schedules. Yo | ou have nothing else to | o report on this form. | |
| | Yes. Fill in all of th | e information b | pelow. | | | | |
| Part | 1: List All Secure | ed Claims | | | Column A | Column B | Column C |
| for ea | ch claim. If more than | one creditor has | | m, list the creditor separately other creditors in Part 2. As reditor's name. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion |
| 2.1 | Mortgage Center | Inc. | Describe the property the | nat secures the claim: | \$134,000.00 | \$175,000.00 | \$0.00 |
| | Creditor's Name | | 14304 Brandywine Heights, MI 48312 | | | | |
| | 26555 Evergreen #900 Southfield, MI 480 | | apply. | the claim is: Check all that | | | |
| | Number, Street, City, State | | ☐ Contingent☐ Unliquidated | | | | |
| Who | owes the debt? Chec | · | Disputed Nature of lien. Check a | Il that apply | | | |
| | ebtor 1 only | N UIIC. | _ | ii triat apply. ade (such as mortgage or sec | ured | | |
| | ebtor 2 only | | car loan) | (| | | |
| | ebtor 1 and Debtor 2 on | ly | Statutory lien (such as | s tax lien, mechanic's lien) | | | |
| ☐ At | least one of the debtor | s and another | ☐ Judgment lien from a | | | | |
| | heck if this claim relat community debt | es to a | ☐ Other (including a righ | nt to offset) | | | |
| Date | debt was incurred 2 | 009 | Last 4 digits of a | ccount number 1568 | | | |
| | | | | | | | |
| | = | | olumn A on this page. W | | \$134,00 | 0.00 | |
| | ite that number here: | our form, add t | the dollar value totals fro | m an pages. | \$134,00 | 0.00 | |
| Part | 2: List Others to E | Be Notified fo | r a Debt That You Alre | ady Listed | | | |

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

| Fil | l in this inform | ation to identify your | case: | | | | | ĺ | | | |
|----------------------------|--|---|--|---|--|---|---|--|--|---------------------------------------|-------------------------|
| De | ebtor 1 | Carol A. Visconti | Middle | Name | Last Nam | Δ | | | | | |
| De | ebtor 2 | riistivanie | Wildale | Name | Lastivani | 5 | | | | | |
| (Sp | ouse if, filing) | First Name | Middle | Name | Last Nam | е | | | | | |
| Un | ited States Ban | kruptcy Court for the: | EASTERN | DISTRICT OF | MICHIGAN | | | | | | |
| | nse number | | | | | | | | | if this is a ed filing | n |
| Sc | | F: Creditors W | | | | | | - | | 12/1 | |
| any Sch Sch Ieft. | executory contr edule G: Execut edule D: Credito | accurate as possible. Us acts or unexpired leases ory Contracts and Unexp rs Who Have Claims Sec inuation Page to this pag ber (if known). | that could re ired Leases (ured by Prop | sult in a claim. A Official Form 106 erty. If more spac | ulso list executor G). Do not inclu ce is needed, co | ry contract ude any cre py the Part | s on Schedule A/B: ditors with partially you need, fill it out, | Property (Of secured clai number the | ficial Fori ms that a entries ir | n 106A/B) re listed ir the boxe | and on n s on the |
| Pa | rt 1: List All | of Your PRIORITY Un | secured Cla | aims | | | | | | | |
| 1. | Do any creditor | rs have priority unsecure | d claims agai | nst you? | | | | | | | |
| | ☐ No. Go to Pa | art 2. | | | | | | | | | |
| | Yes. | | | | | | | | | | |
| 2. | identify what typ possible, list the | priority unsecured claims e of claim it is. If a claim ha claims in alphabetical orden nan one creditor holds a pa | s both priority er according to | and nonpriority ar the creditor's nam | mounts, list that one. If you have m | claim here a | nd show both priority | and nonpriori | ity amount | s. As much | n as |
| | (For an explanate | tion of each type of claim, s | ee the instruc | tions for this form | in the instruction | booklet.) | Total claim | Priority amount | | Nonprior amount | ity |
| 2.1 | Internal F | Revenue Service | | Last 4 digits of a | ccount number | 3488 | \$0.00 | | \$0.00 | umount | \$0.00 |
| | Priority Cre Centraliz | ditor's Name ed Insolvency Opera | | When was the de | | n/a | | | ****** | | 40.00 |
| | | ohia, PA 19101-7346 | | A control of the control | en de la | | | | | | |
| | | reet City State Zip Code the debt? Check one. | | As of the date you | u file, the claim | is: Check a | II that apply | | | | |
| | _ | | | ☐ Contingent | | | | | | | |
| | Debtor 1 or | • | | ☐ Unliquidated | | | | | | | |
| | Debtor 2 or | nly | | ☐ Disputed | | | | | | | |
| | Debtor 1 ar | nd Debtor 2 only | | Type of PRIORIT | | aim: | | | | | |
| | ☐ At least one | e of the debtors and anothe | er | Domestic supp | ort obligations | | | | | | |
| | ☐ Check if th | nis claim is for a commur | nity debt | Taxes and cert | tain other debts y | ou owe the | government | | | | |
| | Is the claim s | ubject to offset? | | Claims for deat | th or personal in | ury while yo | u were intoxicated | | | | |
| | ■ No | | | Other. Specify | | | | | | | |
| | ☐ Yes | | | • | listed for no | tice purp | oses | | | | |

| ebtor 1 Carol A. Visconti | | Case num | ber (if known) | | |
|--|--|--|---|--|---------------------------|
| Michigan Department Of Treasury | Last 4 digits of account number | 3488 | \$0.00 | \$0.00 | \$0.0 |
| Priority Creditor's Name | | | | | |
| Collection/Bankruptcy Unit P.O. Box 30168 | When was the debt incurred? | n/a | | | |
| Lansing, MI 48909 | | | | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all th | at apply | | |
| Who incurred the debt? Check one. | ☐ Contingent | | | | |
| ■ Debtor 1 only | ☐ Unliquidated | | | | |
| ☐ Debtor 2 only | ☐ Disputed | | | | |
| ☐ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | im: | | | |
| ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | | |
| ☐ Check if this claim is for a community debt | ■ Taxes and certain other debts y | ou owe the gov | vernment | | |
| Is the claim subject to offset? | Claims for death or personal injury | ıry while you w | ere intoxicated | | |
| ■ No | Other. Specify | | | | |
| ☐ Yes | listed for no | tice purpose | es | | |
| No. You have nothing to report in this part. Submit ■ Yes. List all of your nonpriority unsecured claims in the | this form to the court with your other s | vho holds eac | | | |
| ■ Yes. | this form to the court with your other s alphabetical order of the creditor v laim. For each claim listed, identify wh | vho holds eac at type of claim | n it is. Do not list claims al | ready included in Part | t 1. If more n Page of |
| No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Capital One | this form to the court with your other s alphabetical order of the creditor v laim. For each claim listed, identify wh | vho holds eac at type of claim nan three nonp | n it is. Do not list claims al | ready included in Pari Il out the Continuation | t 1. If more n Page of |
| □ No. You have nothing to report in this part. Submit □ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Capital One Nonpriority Creditor's Name | this form to the court with your other sealphabetical order of the creditor valaim. For each claim listed, identify what creditors in Part 3.If you have more the | who holds eac at type of claim nan three nonp er 1528 | n it is. Do not list claims al | ready included in Pari Il out the Continuation | t 1. If more n Page of |
| □ No. You have nothing to report in this part. Submit ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Capital One Nonpriority Creditor's Name P.O. Box 4144 | this form to the court with your other sealphabetical order of the creditor valaim. For each claim listed, identify who creditors in Part 3.If you have more the | vho holds eac at type of claim aan three nonp | n it is. Do not list claims al | ready included in Pari Il out the Continuation | t 1. If more n Page of |
| □ No. You have nothing to report in this part. Submit □ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Capital One Nonpriority Creditor's Name | this form to the court with your other sealphabetical order of the creditor valaim. For each claim listed, identify what creditors in Part 3.If you have more the | who holds eac at type of claim nan three nonp er 1528 2012 | n it is. Do not list claims al riority unsecured claims fi | ready included in Pari Il out the Continuation | t 1. If more n Page of |
| □ No. You have nothing to report in this part. Submit ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Capital One Nonpriority Creditor's Name P.O. Box 4144 Carol Stream, IL 60197 | this form to the court with your other set alphabetical order of the creditor valaim. For each claim listed, identify what creditors in Part 3.If you have more the Last 4 digits of account numb When was the debt incurred? | who holds eac at type of claim nan three nonp er 1528 2012 | n it is. Do not list claims al riority unsecured claims fi | ready included in Pari Il out the Continuation | t 1. If more n Page of |
| □ No. You have nothing to report in this part. Submit ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Capital One Nonpriority Creditor's Name P.O. Box 4144 Carol Stream, IL 60197 Number Street City State Zip Code | this form to the court with your other set alphabetical order of the creditor valaim. For each claim listed, identify what creditors in Part 3.If you have more the Last 4 digits of account numb When was the debt incurred? | who holds eac at type of claim nan three nonp er 1528 2012 | n it is. Do not list claims al riority unsecured claims fi | ready included in Pari Il out the Continuation | t 1. If more n Page of |
| □ No. You have nothing to report in this part. Submit ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Capital One Nonpriority Creditor's Name P.O. Box 4144 Carol Stream, IL 60197 Number Street City State Zip Code Who incurred the debt? Check one. | this form to the court with your other set alphabetical order of the creditor valaim. For each claim listed, identify who creditors in Part 3.If you have more the Last 4 digits of account numb When was the debt incurred? As of the date you file, the claim | who holds eac at type of claim nan three nonp er 1528 2012 | n it is. Do not list claims al riority unsecured claims fi | ready included in Pari Il out the Continuation | t 1. If more n Page of |
| □ No. You have nothing to report in this part. Submit ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Capital One Nonpriority Creditor's Name P.O. Box 4144 Carol Stream, IL 60197 Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only | this form to the court with your other set alphabetical order of the creditor value. For each claim listed, identify what creditors in Part 3.If you have more the creditors in Part 4 digits of account numb When was the debt incurred? As of the date you file, the claim Contingent | who holds eac at type of claim nan three nonp er 1528 2012 | n it is. Do not list claims al riority unsecured claims fi | ready included in Pari Il out the Continuation | t 1. If more n Page of |
| □ No. You have nothing to report in this part. Submit ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Capital One Nonpriority Creditor's Name P.O. Box 4144 Carol Stream, IL 60197 Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 2 only | this form to the court with your other sealphabetical order of the creditor valaim. For each claim listed, identify what creditors in Part 3.If you have more the creditors in Part 4 digits of account numb When was the debt incurred? As of the date you file, the claim Contingent Unliquidated | who holds eac at type of claim an three nonp er 1528 2012 m is: Check al | n it is. Do not list claims al riority unsecured claims fi | ready included in Pari Il out the Continuation | t 1. If more n Page of |
| □ No. You have nothing to report in this part. Submit ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Capital One Nonpriority Creditor's Name P.O. Box 4144 Carol Stream, IL 60197 Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community | this form to the court with your other set alphabetical order of the creditor valaim. For each claim listed, identify when creditors in Part 3.If you have more the creditors in Part 4.If you have more the creditors in Part 4.If you have more than 1.If you have mor | who holds eac at type of claim an three nonp er 1528 2012 m is: Check al | n it is. Do not list claims al riority unsecured claims fi | ready included in Pari Il out the Continuation Total clair | t 1. If more n Page of |
| □ No. You have nothing to report in this part. Submit ▼ yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Capital One Nonpriority Creditor's Name P.O. Box 4144 Carol Stream, IL 60197 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt | this form to the court with your other set alphabetical order of the creditor valaim. For each claim listed, identify when creditors in Part 3.If you have more the creditors in Part 4.If you have more the creditors in Part 4.If you have more than the creditors in Part 4.If you have | who holds eac at type of claim an three nonp er 1528 2012 m is: Check al | n it is. Do not list claims al riority unsecured claims fi | ready included in Pari Il out the Continuation Total clair | t 1. If more n Page of |
| □ No. You have nothing to report in this part. Submit ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Capital One Nonpriority Creditor's Name P.O. Box 4144 Carol Stream, IL 60197 Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? | this form to the court with your other set alphabetical order of the creditor valaim. For each claim listed, identify what creditors in Part 3.If you have more the creditors in Part 4.If you have more | who holds each at type of claim and three nonposers. The second of the s | n it is. Do not list claims all riority unsecured claims fi | ready included in Pari Il out the Continuation Total clair | t 1. If more n Page of |
| No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Capital One Nonpriority Creditor's Name P.O. Box 4144 Carol Stream, IL 60197 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt | this form to the court with your other set alphabetical order of the creditor valaim. For each claim listed, identify when creditors in Part 3.If you have more the creditors in Part 4.If you have more the creditors in Part 4.If you have more than the creditors in Part 4.If you have | who holds each at type of claim and three nonposers. The second of the s | n it is. Do not list claims all riority unsecured claims fi | ready included in Pari Il out the Continuation Total clair | t 1. If more n Page of |

| | 1 Carol A. Visconti | | Case number (if known) | |
|-----|--|--|--|------------|
| 4.2 | Chase Prime | Last 4 digits of account number | 3864 | \$2,900.00 |
| | Nonpriority Creditor's Name P.O. Box 6294 | When was the debt incurred? | 2013 | |
| | Carol Stream, IL 60197 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify credit card | | |
| 4.3 | Christian Financial C.U. Nonpriority Creditor's Name | Last 4 digits of account number | 2048 | \$2,000.00 |
| | 18441 Utica Road | When was the debt incurred? | 2015 | |
| | Roseville, MI 48066 Number Street City State Zip Code | As of the date you file, the claim | s. Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the dam's | 3. Official and apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify _line of credit | <u> </u> | |
| 4.4 | Comenity Bank | Last 4 digits of account number | 7693 | \$7,200.00 |
| | Nonpriority Creditor's Name P.O. Box 659823 | When was the debt incurred? | 2015 | |
| | San Antonio, TX 78265 Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | 7.5 or the date yearne, the claim | o. Oncok all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plane, and other similar dabta | |
| | ■ No | □ Debts to pension or profit-sharing | y pians, and other similar debts | |

| 4.5 | Extra C.U. | Last 4 digits of account number | unknown | \$19,200.00 | | | | |
|-----|--|--|--|-------------|--|--|--|--|
| | Nonpriority Creditor's Name 6611 Chicago Road | When was the debt incurred? | 2016 | | | | | |
| | Warren, MI 48092 Number Street City State Zip Code Who incurred the debt? Check one. | Warren, MI 48092 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | Yes | Other. Specify loan | | | | | | |
| 4.6 | Extra C.U. | Last 4 digits of account number | n/a | \$5,100.00 | | | | |
| | Nonpriority Creditor's Name 6611 Chicago Rd. | When was the debt incurred? | 2017 | . , | | | | |
| | Warren, MI 48092 Number Street City State Zip Code | — As of the data was file the alaim i | Charle all that analy | | | | | |
| | Who incurred the debt? Check one. | As of the date you file, the claim | s: Спеск ан mat арріу | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | \square Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | Yes | Other. Specify line of credit | <u>t</u> | | | | | |
| 4.7 | Extra C.U. | Last 4 digits of account number | 2560 | \$6,600.00 | | | | |
| | Nonpriority Creditor's Name 6611 Chicago Rd. | When was the debt incurred? | 2016 | | | | | |
| | Warren, MI 48092 Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | _ | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d alaim. | | | | | |
| | At least one of the debtors and another | Student loans | a Ciaiiii. | | | | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | agreement of arronde that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | ☐ Yes | ■ Other. Specify credit card | | | | | | |

| Debto | r 1 Carol A. Visconti | | Case number (if known) | | | | | |
|----------|---|--|---|-------------|--|--|--|--|
| 4.8 | Kohl's Nonpriority Creditor's Name | Last 4 digits of account number | 6363 | \$3,300.00 | | | | |
| | P.O. Box 2983 Milwaukee, WI 53201-2983 | When was the debt incurred? | 2015 | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | | |
| | Yes | Other. Specify credit card | | | | | | |
| 4.9 | Nelnet | Last 4 digits of account number | 4744 | \$21,000.00 | | | | |
| | Nonpriority Creditor's Name P.O. Box 5609 Greenville, TX 75403 | When was the debt incurred? | unknown | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharir | | | | | | |
| | □Yes | Other. Specify | | | | | | |
| | | student loar | 1 | | | | | |
| 4.1 0 | Sallie Mae Servicing Corp. | Last 4 digits of account number | 3488 | \$18,900.00 | | | | |
| | Nonpriority Creditor's Name P.O. Box 9500 Wilkes Barre, PA 18773-9500 | When was the debt incurred? | 2014 | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ■ Student loans | | | | | | |
| | debt | 0 0 1 | aration agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharir | a plane, and other similar debte | | | | | |
| | ■ No | | | | | | | |
| | Yes | ☐ Other. Specifystudent loar | | | | | | |
| | | Student loar | 1 | | | | | |

| Debto | or 1 Carol A. Visconti | | Case number (if known) | | | | | |
|---------------|--|---|---|-------------------------|--|--|--|--|
| 4.1 1 | Synchrony Bank - Amazon | Last 4 digits of account number | 0949 | \$2,800.00 | | | | |
| | Nonpriority Creditor's Name P.O. Box 960013 Orlando, FL 32896 | When was the debt incurred? | 2016 | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepreport as priority claims | aration agreement or divorce that you did not | | | | | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | | |
| | Yes | Other. Specify credit card | | | | | | |
| 4.1 | Target National Bank | Lock A digita of account number | 3394 | \$2,800.00 | | | | |
| 2 | Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ2,000.00 | | | | |
| | P.O. Box 660170 Dallas, TX 75266-0170 | When was the debt incurred? | 2017 | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | | | | | | |
| | ☐ Check if this claim is for a community debt | | | | | | | |
| | Is the claim subject to offset? | Obligations arising out of a sepreport as priority claims | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | | | | | |
| | ☐ Yes | Other. Specify credit card | | | | | | |
| Part : | 3: List Others to Be Notified About a D | ebt That You Already Listed | | | | | | |
| is tr have | this page only if you have others to be notified ying to collect from you for a debt you owe to e more than one creditor for any of the debts the fied for any debts in Parts 1 or 2, do not fill out | someone else, list the original creditor in nat you listed in Parts 1 or 2, list the add | n Parts 1 or 2, then list the collection agency | here. Similarly, if you | | | | |
| | and Address er Rowse-Oberle, P.L.L.C. | On which entry in Part 1 or Part 2 did you | _ | | | | | |
| 2452 | 25 Harper Ave. | | Part 1: Creditors with Priority Unsecured Clair Part 2: Creditors with Nonpriority Unsecured | | | | | |
| Suite Sain | e # 2 t Clair Shores, MI 48080 | Last 4 digits of account number | | | | | | |
| | | Last 1 digits of assessmentalines | | | | | | |
| | and Address nal Revenue Service | On which entry in Part 1 or Part 2 did you Line 2.1 of (Check one): | _ | | | | | |
| | E/Insolvency Unit | | Part 1: Creditors with Priority Unsecured Clair Part 2: Creditors with Nonpriority Unsecured | | | | | |
| P.O. | Box 330500, Stop 15 | _ | Part 2: Creditors with Nonpriority Unsecured | Ciaims | | | | |
| Detro | oit, MI 48232-6500 | Last 4 digits of account number | | | | | | |
| Name | and Address | On which entry in Part 1 or Part 2 did you | Llist the original creditor? | | | | | |
| | Attorney | 0.4 ´ _ | Part 1: Creditors with Priority Unsecured Clair | ms | | | | |
| Attn: | Civil Division | | Part 2: Creditors with Nonpriority Unsecured | | | | | |
| | W. Fort, #2001 bit, MI 48226 | | , , , , , | | | | | |
| ווטכנונ | JII, IVII 70220 | Last 4 digits of account number | | | | | | |
| Name | and Address | On which entry in Part 1 or Part 2 did you | ulist the original creditor? | | | | | |

Official Form 106 E/F

| Debtor 1 Carol A. Visconti | | Case number (if known) |
|--|---|--|
| U.S. Attorney Attn: Civil Division 211 W. Fort, #2001 Detroit, MI 48226 | Line 4.9 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| · | Last 4 digits of account number | |
| Name and Address U.S. Attorney Attn: Civil Division 211 W. Fort, #2001 Detroit, MI 48226 | On which entry in Part 1 or Part 2 did y Line 4.10 of (<i>Check one</i>): | vou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address U.S. Attorney General U.S. Department of Justice 950 Pennsylvania Ave., N.W. Washington, DC 20530 | On which entry in Part 1 or Part 2 did y Line 2.1 of (<i>Check one</i>): | vou list the original creditor? ■ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims |
| 5 . | Last 4 digits of account number | |
| Name and Address U.S. Attorney General U.S. Department of Justice 950 Pennsylvania Ave., N.W. Washington, DC 20530 | On which entry in Part 1 or Part 2 did y Line 4.9 of (<i>Check one</i>): | vou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| 3 , , , , , , , , , , , , , , , , , , , | Last 4 digits of account number | |
| Name and Address U.S. Attorney General U.S. Department of Justice 950 Pennsylvania Ave., N.W. Washington, DC 20530 | On which entry in Part 1 or Part 2 did y Line $\underline{4.10}$ of (<i>Check one</i>): | vou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address U.S. Department Of Education P.O. Box 5609 Greenville, TX 75403 | On which entry in Part 1 or Part 2 did y Line 4.9 of (<i>Check one</i>): Last 4 digits of account number | vou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | | |
| Name and Address U.S. Department Of Education P.O. Box 5609 Greenville, TX 75403 | On which entry in Part 1 or Part 2 did y Line 4.10 of (<i>Check one</i>): | rou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|--------------|-----|---|-----|-----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | | | | | |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | |
| | | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ | 39,900.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount | 6i. | · — | 53,300.00 |
| | | here. | | \$ | 33,300.00 |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Total Nonpriority. Add lines 6f through 6i.

6j. 93,200.00

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|-------------|-------------------------------------|
| Debtor 1 | Carol A. Visconti | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | OF MICHIGAN | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is a amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Р | erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|--|---|
| 2.1 | Ally P.O. Box 130424 Saint Paul, MN 55113-0004 | Automobile lease: 2018 Jeep Cherokee 36 month lease: \$316 per month, starting October 2018 (Debtor is lessee. This collateral is paid by debtor's son) |
| 2.2 | Ford Motor Credit P.O. Box 552679 Detroit, MI 48255 | Automobile lease: 2017 Ford Escape 36 month lease: \$308 per month, starting May 2017 (Debtor is lessee) |

| Fill in th | is information to identif | y your case: | | | |
|-----------------------|---|--|--------------------------|---|---|
| Debtor 1 | 000000000000000000000000000000000000000 | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, | | Middle Name | Last Name | | |
| United S | States Bankruptcy Court fo | r the: EASTERN DISTRICT OF M | MICHIGAN | | |
| Case nu (if known) | mber | | | | ☐ Check if this is an amended filing |
| | al Form 106H dule H: Your (| Codebtors | | | 12/15 |
| people a | re filing together, both a , and number the entries | who are also liable for any debts yre equally responsible for supplying the boxes on the left. Attach the known). Answer every question. | ng correct informatio | n. If more space is | needed, copy the Additional Page, |
| 1. D | o you have any codebto | rs? (If you are filing a joint case, do | not list either spouse a | s a codebtor. | |
| \square N | lo | | | | |
| ■ Y | es | | | | |
| | | ve you lived in a community propulisiana, Nevada, New Mexico, Puerto | | | |
| | lo. Go to line 3. es. Did your spouse, form | er spouse, or legal equivalent live wi | ith you at the time? | | |
| | □ No □ Yes. | | | | |
| | In which commun | ity state or territory did you live? | | Fill in the name a | and current address of that person. |
| | City | State | Zip Code | | |
| in li Fori | ne 2 again as a codebto | only if that person is a guarantor | or cosigner. Make su | ire you have listed t | ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebit Name, Number, Street, City, Sta | | | Column 2: The cr Check all schedu | editor to whom you owe the debt les that apply: |
| 3.1 | Michael Visconti 14304 Brandywine Sterling Heights, MI 4 (Adult son lives at scl | 8312 nool, but uses debtor's address) | | ☐ Schedule D, ■ Schedule E/F ☐ Schedule G Sallie Mae Serv | F, line 4.10 |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1 Schedule H: Your Codebtors Page 1 of 1 Best Case Bankruptcy 20-44740-tjt Doc 1 Filed 04/03/20 Entered 04/03/20 09:31:09 Page 31 of 55

| Fill | in this information | to identify your ca | ase: | | | | | | | | | |
|--------------------|---|----------------------------------|---|---------------------------|-------------------|-------------------|----------------|--------------------|-----------------------|------------------------|---------------------------------|-----------------|
| Deb | otor 1 | Carol A. Visc | onti | | | | _ | | | | | |
| | otor 2 buse, if filing) | | | | | | | | | | | |
| Uni | ted States Bankru | ptcy Court for the | : EASTERN DISTRICT | OF MICHI | GAN | | | | | | | |
| (If kr | se number | | | | | | | ☐ Ar | | ed filing ent show | ving postpetition | |
| | fficial Form | | | | | | | M | M / DD/ Y | YYY | | |
| | chedule I: | | | | | | | | | | | 12/15 |
| sup spo atta | plying correct inf use. If you are se ch a separate she | ormation. If you parated and you | sible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition | ng jointly, th you, do | and your s | pouse le infor | is liv mati | ing with yon about | you, incl your spo | ude info ouse. If 1 | ormation about more space is | your needed, |
| 1. | Fill in your emp information. | loyment | | Debtor ' | 1 | | | | Debtor 2 | 2 or non | -filing spouse | |
| | If you have more | e than one job, | | ■ Empl | ■ Employed | | | | ☐ Employed | | | |
| | attach a separate information about | | | | ☐ Not employed | | | | ☐ Not employed | | | |
| | employers. | | Occupation | Event C | Co-Ordinat | or | | | | | | |
| | Include part-time self-employed w | | Employer's name | Maggie | s Wigs 4 k | kids | | | | | | |
| | Occupation may or homemaker, in | | Employer's address | #101 | narper Ave | | 8082 | <u>2</u> | | | | |
| | | | How long employed the | nere? | Started I 2020 | Februa | ry 14 | 4, | _ | | | |
| Par | ct 2: Give De | etails About Mon | nthly Income | | | | | | | | | |
| | mate monthly incuse unless you are | | ate you file this form. If y | you have n | othing to re | port for | any | line, write | \$0 in the | space. | Include your no | n-filing |
| | u or your non-filing e space, attach a s | | ore than one employer, co | mbine the | information | for all | emplo | oyers for t | hat perso | on on the | e lines below. If | you need |
| | | | | | | | | For Deb | tor 1 | | Debtor 2 or filing spouse | |
| 2. | | | ry, and commissions (becalculate what the monthly | | | 2. | \$ | 1,: | 300.00 | \$ | N/A | |
| 3. | Estimate and lis | st monthly overti | ime pay. | | | 3. | +\$ | | 0.00 | +\$_ | N/A | |
| 4 | Calaulata anasa | Income Addis | | | | 4 | • | 4.00 | 0.00 | • | NI/A | |

Debtor 1 Carol A. Visconti

Case number (if known)

| Copy line 4 here | | | | | For | Debtor 1 | | Debtor 2 or filing spouse |
|--|-----|---------------------|---|--------|-----|---------------|------|------------------------------|
| 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5b. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. S. 0.000 \$ N/A 5d. Required repayments of retirement fund loans 5d. \$ 0.000 \$ N/A 5d. Required repayments of retirement fund loans 5d. \$ 0.000 \$ N/A 5d. Domestic support obligations 5d. \$ 0.000 \$ N/A 5d. Domestic support obligations 5d. \$ 0.000 \$ N/A 5d. Obter deductions. Specify 5d. \$ 0.000 \$ N/A 5d. Other deductions. Specify 5d. \$ 0.000 \$ N/A 6d. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 156.00 \$ N/A 6d. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 156.00 \$ N/A 6d. Add the payroll deductions. Specify 6d. Net income from rental property and from operating a business, Net income from rental property and from operating a business, Add and a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income 6b. Interest and dividends 6c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, minintenance, divorce settlement, and property settlement. 6c. \$ 0.00 \$ N/A 6c. Social Security 6c. Socia | | Сору | line 4 here | 4. | \$ | 1,300.00 | | |
| 55. Mandatory contributions for retirement plans 56. Voluntary contributions for retirement plans 56. Voluntary contributions for retirement plans 56. So. Voluntary contributions for retirement plans 56. Required repayments of retirement fund loans 57. So. Domestic support obligations 58. Insurance 58. Domestic support obligations 59. Voluntary Contributions Specify: 59. So. O. O. So. NVA 59. Union dues 59. So. O. O. So. NVA 59. Union dues 59. So. O. O. So. NVA 59. Union dues 59. So. O. O. So. NVA 59. Union dues 59. So. O. O. So. NVA 59. Union dues 59. So. O. O. So. NVA 59. Union dues 59. So. O. O. So. NVA 59. Voluntary College So. O. O. So. NVA 59. Union dues 59. So. O. O. So. NVA 50. Other deductions. Add lines 5a+5b+5c+5d+5a+5g+5h. 6. So. 156.00 \$ NVA 50. Voluntary College So. NVA 50. So. O. So. NVA 50. NVA 50. So. So. NVA 50. NVA | 5. | List a | all payroll deductions: | | | | | |
| 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. Royalured repayments of retirement fund loans 5d. Royalured repayments of retirement fund loans 5d. Royalured repayments of retirement fund loans 5d. So. 0.000 \$ NVA 5d. Domestic support obligations 5f. \$ 0.000 \$ NVA 5d. Union dues 5g. Volunion dues | | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 156.00 | \$ | N/A |
| 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. Royalured repayments of retirement fund loans 5d. Royalured repayments of retirement fund loans 5d. Royalured repayments of retirement fund loans 5d. So. 0.000 \$ NVA 5d. Domestic support obligations 5f. \$ 0.000 \$ NVA 5d. Union dues 5g. Volunion dues | | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | N/A |
| 5d. Required repayments of retirement fund loans 5e. Insurance 5e. 8 0.00 \$ N/A 5e. Insurance 5f. \$ 0.00 \$ N/A 5g. Union dues 5g. Visit due | | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | |
| 55. Domestic support obligations 59. Union dues 59. So. 0.00 \$ N/A 50. Other deductions. Specify: 50. Note deductions. Specify: 50. Note deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 156.00 \$ N/A Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,144.00 \$ N/A List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement for each property and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. Social Security 8e. Social Security 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. 4 \$ 0.00 \$ N/A Add all other income. Add line 7 + line 9. Add the entires in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Specify: 2 | | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | N/A |
| 59. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Specify: 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5c+5c+5c+5c+5c+5c+5c+5c+5c+5c+5c+5c+ | | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | N/A |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 156.00 \$ N/A Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,144.00 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8p. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,219.00 \$ N/A 8h. \$ 0.00 \$ N/A 8h. \$ | | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | N/A |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 156.00 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,144.00 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. \$ 0.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. \$ 0.00 \$ N/A 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2.219.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. \$ 3,363.00 + \$ N/A \$ 3,363.00 11. + \$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 3,363.00 13. Do you expect an increase or decrease within the year after you file this form? | | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | N/A |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,144.00 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8b. \$ 0.00 \$ N/A 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. \$ 2,219.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,219.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,219.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. 10. \$ 3,363.00 + \$ N/A 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 11. Ob you expect an increase or decrease within the year after you file this form? | | 5h. | Other deductions. Specify: | _ 5h.+ | \$_ | 0.00 | - \$ | N/A |
| 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,219.00 \$ N/A 10. Calculate monthly income. Add lines 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. ** \$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies | 6. | Add t | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 156.00 | \$ | N/A |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8d. \$ 0.00 \$ N/A 8d. \$ 0.00 \$ N/A 8e. \$ 2,219.00 \$ N/A 8e. \$ 2,219.00 \$ N/A 8f. \$ 0.00 \$ N/A 8d. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. ** \$ 0.00 Combined monthly income. 12. ** 3,363.00 Combined monthly income. | 7. | Calcu | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_ | 1,144.00 | \$ | N/A |
| 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2.219.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or reliatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. Combined monthly income. | 8. | | Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 8a. | \$ | 0.00 | \$ | N/A |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 2,219.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 8h. Other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,219.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 3,363.00 Combined monthly income. | | 8b. | · | | | | · — | |
| 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,219.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,219.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. Combined monthly income | | | regularly receive Include alimony, spousal support, child support, maintenance, divorce | | - | | · — | |
| 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 8h. \$ 0.00 \$ N | | 8d. | | 8d. | \$ | | \$ | |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,219.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | | 8e. | Social Security | 8e. | \$ | | \$ | |
| 8h. Other monthly income. Specify: 8h. \$ 0.00 + \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,219.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No. | | 8f. | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | _ | | 0.00 | · — | |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$\frac{2,219.00}{\\$}\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | - | | - | · — | | · — | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 3,363.00 Combined monthly income No. | | 8h. | Other monthly income. Specify: | _ 8h.+ | \$_ | 0.00 | - \$ | N/A_ |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income No. | 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 2,219.00 | \$ | N/A |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income No. | 10. | Calcu | ulate monthly income. Add line 7 + line 9. | 10. \$ | | 3,363.00 + \$ | | N/A = \$ 3,363.00 |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 3,363.00 Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No. | | Add t | he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$\frac{3,363.00}{\text{Combined monthly income}}\$ 13. Do you expect an increase or decrease within the year after you file this form? No. | 11. | Include other Do no | de contributions from an unmarried partner, members of your household, your of friends or relatives. It includes any amounts already included in lines 2-10 or amounts that are not a | depend | | | | |
| 13. Do you expect an increase or decrease within the year after you file this form? ■ No | 12. | Write | that amount on the Summary of Schedules and Statistical Summary of Certain | | | | | , |
| 13. Do you expect an increase or decrease within the year after you file this form? No. | | | | | | | | |
| ☐ Yes. Explain: | 13. | Do yo | · | ? | | | | y moonle |
| | | | Yes. Explain: | | | | | |

| Fill | in this information | to identify yo | ur casa. | | | İ | | | |
|---|---|---|-------------------------|---|--|------------------------------|---------------------------------------|--|--|
| | | arol A. Visco | | Check if this is: An amended filing A supplement showing postpetition chapter 13 expenses as of the following date: MM / DD / YYYY | | | | | |
| | otor 2 | | | | | | | | |
| Unit | ed States Bankruptc | y Court for the | EASTE | | | | | | |
| | e number nown) | | | | | | | | |
| | fficial Form | | <u> </u> | | | • | | | |
| Be | | accurate as space is ne | possible. eded, atta | If two married people ar ch another sheet to this | | | | | |
| Par 1. | t 1: Describe Is this a joint ca | Your House se? | hold | | | | | | |
| | ■ No. Go to line □ Yes. Does D o | | n a separ | ate household? | | | | | |
| | ☐ Yes. I | Debtor 2 mus | t file Offici | al Form 106J-2, <i>Expenses</i> | for Separate House | ehold of Debto | or 2. | | |
| 2. | Do you have de | pendents? | ■ No | | | | | | |
| | Do not list Debto Debtor 2. | or 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? | |
| | Do not state the dependents nam | nes | | | | | | □ No □ Yes | |
| | aoponaomo nan | | | | | | | □ No | |
| | | | | | | | | ☐ Yes ☐ No | |
| | | | | | | | | ☐ Yes | |
| | | | | | | | | □ No | |
| 3. | Do your expens | ses include | _ | No | | | | ☐ Yes | |
| | expenses of pe yourself and yo | | han $_{f \Box}$ | Yes | | | | | |
| Est exp | imate your exper | Your Ongoin nses as of you te after the b | our bankrı | y Expenses uptcy filing date unless y y is filed. If this is a supp | ou are using this followed the second | orm as a sup J, check the | pplement in a Cha box at the top o | pter 13 case to report f the form and fill in the | |
| Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) | | | | | | Your expenses | | | |
| 4. | The rental or he payments and a | | | ses for your residence. I r lot. | nclude first mortgag | e 4. \$ | | 1,163.00 | |
| | If not included i | in line 4: | | | | | | | |
| | 4a. Real estat | e taxes | | | | 4a. \$ | | 0.00 | |
| | | homeowner's | | | | 4b. \$ | | 120.00 | |
| | | | | ıpkeep expenses dominium dues | | 4c. \$ 4d. \$ | | 0.00 | |
| 5. | | | | our residence, such as ho | me equity loans | 5. \$ | | 0.00 | |

Official Form 106J Schedule J: Your Expenses 20-44740-tjt Doc 1 Filed 04/03/20 Entered 04/03/20 09:31:09 Page 34 of 55

☐ Yes. Explain here:

| Fill in thi | is information | o identify your | case: | | | | | | | | |
|--|-----------------------------------|-------------------|-----------------|--------------|-----------------------|-------------------|--|----------|--|--|--|
| Debtor 1 | Car | ol A. Visconti | | | | | | | | | |
| | First I | lame | Middle Name | L | ast Name | | | | | | |
| Debtor 2 (Spouse if, fi | iling) First I | Name | Middle Name | L | ast Name | | | | | | |
| United St | tates Bankruptc | y Court for the: | EASTERN DISTRIC | T OF MICHIG | AN | | | | | | |
| Case nun | mber | | | | | | ☐ Check if this is amended filing | | | | |
| | Form 106 aration | | n Individu | al Deb | tor's Sch | edules | | 12/15 | | | |
| | | . §§ 152, 1341, 1 | | ankruptcy ca | se can result in fi | nes up to \$250,0 | 100, or imprisonment for ι | up to 20 | | | |
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | | | | | | | | |
| | No | | | | | | | | | | |
| | Yes. Name of | person | | | | | nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119) | | | | |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | | | | | | | | | | | |
| X / | /s/ Carol A. Vi | sconti | | Х | [| | | | | | |
| (| Carol A. Visco Signature of De | nti | | | Signature of Debtor 2 | | | | | | |
| Ι | Date April 1, | 2020 | | | Date | | | | | | |
| | | | | | | | | | | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| Fill in this | information to identify you | r case: | | | |
|--------------------------------|---|-------------------------------------|------------------------------------|--|------------------------------------|
| Debtor 1 | Carol A. Visconti | | | | |
| Dahtano | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing | ng) First Name | Middle Name | Last Name | | |
| United Sta | tes Bankruptcy Court for the: | EASTERN DISTRICT OF | MICHIGAN | | |
| Case num | ber | | | | |
| (if known) | | - | | _ | Check if this is an amended filing |
| | | | | | |
| Officia | l Form 107 | | | | |
| - | nent of Financial | Affaire for Individ | duale Filing for B | ankruntov | 4/19 |
| | | | | | |
| | | | | equally responsible for sup y additional pages, write you | |
| number (if | known). Answer every que | stion. | • | | |
| Part 1: | Give Details About Your Ma | arital Status and Where You | Lived Before | | |
| 1. What | is your current marital statu | ıs? | | | |
| | Married | | | | |
| | lot married | | | | |
| | | | | | |
| 2. During | g the last 3 years, have you | lived anywhere other than | where you live now? | | |
| | lo | | | | |
| □ Y | es. List all of the places you l | ived in the last 3 years. Do no | ot include where you live nov | 1. | |
| Debte | or 1 Prior Address: | Dates Debtor 1 | Debtor 2 Prior Ac | ldress: | Dates Debtor 2 |
| | | lived there | | | lived there |
| | | | | ity property state or territor | |
| states and t | terniones include Anzona, Ca | illiornia, idano, Louisiana, ive | vada, New Mexico, Puerto R | ico, Texas, Washington and V | visconsin.) |
| I N | lo | | | | |
| □ Y | es. Make sure you fill out <i>Scl</i> | hedule H: Your Codebtors (O | fficial Form 106H). | | |
| Part 2 | Explain the Sources of You | r Income | | | |
| | <u> </u> | | | | |
| | ou have any income from er the total amount of income yo | | | ear or the two previous cale -time activities. | ndar years? |
| | are filing a joint case and you | • | | | |
| | lo | | | | |
| ■ Y | es. Fill in the details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income | Gross income | Sources of income | Gross income |
| | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| | uary 1 of current year until ou filed for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$1,199.00 | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| | Debtor 1 | | Debtor 2 | | |
|---|--|---|--|---|--|
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | |
| For last calendar year: (January 1 to December 31, 2019) | ■ Wages, commissions, bonuses, tips | \$10,018.00 | ☐ Wages, commissions, bonuses, tips | | |
| | ☐ Operating a business | | ☐ Operating a business | | |
| For the calendar year before that: (January 1 to December 31, 2018) | ■ Wages, commissions, bonuses, tips | \$127,471.00 | ☐ Wages, commissions, bonuses, tips | | |
| | ☐ Operating a business | | ☐ Operating a business | | |

Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|---|--------------------------------------|--|--------------------------------------|---|
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | Social Security | \$6,657.00 | | |
| For last calendar year: (January 1 to December 31, 2019) | Social Security | \$26,197.00 | | |
| | "cash out" of 401k Plan | \$10,600.00 | | |
| For the calendar year before that: (January 1 to December 31, 2018) | "cash out" from 401K Plan | \$39,900.00 | | |

List Certain Payments You Made Before You Filed for Bankruptcy

| 6. | Are either | Debtor 1 | 's or | Debtor | 2's de | bts prin | narily o | consumer | debts? |
|----|------------|----------|-------|--------|--------|----------|----------|----------|--------|
|----|------------|----------|-------|--------|--------|----------|----------|----------|--------|

Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an ☐ No. individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

 \square No. Go to line 7.

List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

□ No.

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not Yes include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

^{*} Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

| | List all such matters, including personal injury modifications, and contract disputes. | cases, small claims actions | s, divorces, collection suits, paternity a | ctions, support or custody |
|----|--|-----------------------------|--|--------------------------------|
| | ■ No □ Yes. Fill in the details. | | | |
| | Case title Case number | Nature of the case | Court or agency | Status of the case |
| 10 | Within 1 year before you filed for bankrupt | cv. was any of your prope | erty repossessed, foreclosed, garnis | hed attached seized or levied? |

Check all that apply and fill in the details below.

No. Go to line 11. Yes. Fill in the information below.

| Creditor Name and Address | Describe the Property | Date | Value of the |
|---------------------------|-----------------------|------|--------------|
| | | | property |
| | Explain what happened | | |

Official Form 107

| Deb | Debtor 1 Carol A. Visconti C | | | Case number (if known) | | | | |
|-----|--|-----------------------------|--|-----------------------------------|---------------------------|--|--|--|
| | | | | | | | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment becomes No | | did any creditor, including a bank or financial ins you owed a debt? | stitution, set off any a | amounts from your | | | |
| | Creditor Name and Address | De | scribe the action the creditor took | Date action was | Amount | | | |
| | Creditor Name and Address | De. | scribe the action the creditor took | taken | Amount | | | |
| 12. | court-appointed receiver, a custodian, or a | | as any of your property in the possession of an a er official? | assignee for the bend | efit of creditors, a | | | |
| | ■ No □ Yes | | | | | | | |
| | | | | | | | | |
| Par | t 5: List Certain Gifts and Contributions | | | | | | | |
| 13. | Within 2 years before you filed for bankrup No | otcy, c | did you give any gifts with a total value of more t | han \$600 per person | ? | | | |
| | ☐ Yes. Fill in the details for each gift. | | | | | | | |
| | Gifts with a total value of more than \$600 per person | | Describe the gifts | Dates you gave the gifts | Value | | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | |
| 14. | Within 2 years before you filed for bankrup ☐ No | otcy, c | did you give any gifts or contributions with a tota | I value of more than | \$600 to any charity? | | | |
| | Yes. Fill in the details for each gift or con | ntributi | ion. | | | | | |
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | Describe what you contributed | Dates you contributed | Value | | | |
| | Maggies Wigs 4 Kids 30126 Harper Avenue Saint Clair Shores, MI 48081 | arper Avenue cash donations | | January 2018 to Janury 2020 | \$2,500.00 | | | |
| | | | | | | | | |
| Par | rt 6: List Certain Losses | | | | | | | |
| 15. | Within 1 year before you filed for bankrupt or gambling? | cy or | since you filed for bankruptcy, did you lose anyt | hing because of the | ft, fire, other disaster, | | | |
| | ■ No | | | | | | | |
| | Yes. Fill in the details. | _ ''' | | | | | | |
| | | escri | be any insurance coverage for the loss | Date of your | Value of property | | | |
| | | | e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property. | loss | lost | | | |
| Par | rt 7: List Certain Payments or Transfers | | | | | | | |
| 16. | consulted about seeking bankruptcy or pro | eparir | id you or anyone else acting on your behalf pay on gar bankruptcy petition? s, or credit counseling agencies for services required | | rty to anyone you | | | |
| | □ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address Email or website address | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | |
| | Person Who Made the Payment, if Not You | u | | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--|---|--|
| | January 31, 2020 (paid \$500) April 1, 2020 (paid \$500) | \$1,000.00 |
| | April 1, 2020 | \$8.95 |
| r, did you or anyone else acting on your behalf pa s or to make payments to your creditors? listed on line 16. | ay or transfer any property | to anyone who |
| Description and value of any property transferred | Date payment or transfer was | Amount of |
| | transferred did you or anyone else acting on your behalf pass or to make payments to your creditors? listed on line 16. | transferred January 31, 2020 (paid \$500) April 1, 2020 (paid \$500) April 1, 2020 (paid \$500) April 1, 2020 is or to make payments to your creditors? |

18. transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

17.

Yes. Fill in the details.

| | eription and value of Describe any payments re paid in exch. | ceived or debts made |
|--|--|----------------------|
|--|--|----------------------|

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

☐ Yes. Fill in the details.

Name of trust Description and value of the property transferred **Date Transfer was**

| Debtor 1 Carol A. Visconti | | | Case number (if known) | | | |
|----------------------------|---------------------------|--|--|---|---|---|
| Par | t 8: | List of Certain Financial Accounts, I | nstruments, Safe Depo | sit Boxes, and Sto | orage Units | |
| 20. | sold, Include house | n 1 year before you filed for bankrup moved, or transferred? de checking, savings, money market es, pension funds, cooperatives, ass No Yes. Fill in the details. | , or other financial acco | ounts; certificates | of deposit; shares in banks, cred | |
| | | e of Financial Institution and ress (Number, Street, City, State and ZIP | Last 4 digits of account number | Type of accou | ont or Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| | 6611 | a Credit Union 1 Chicago Road ren, MI 48092 | XXXX- 2560 | ■ Checking □ Savings □ Money Mark □ Brokerage □ Other | Closed out January 23, 2020 ket | \$5.00 |
| 21. | cash, | ou now have, or did you have within or other valuables? No Yes. Fill in the details. | 1 year before you filed f | or bankruptcy, an | ny safe deposit box or other depos | sitory for securities, |
| | | e of Financial Institution ress (Number, Street, City, State and ZIP Code) | Who else had a Address (Number State and ZIP Code) | | Describe the contents | Do you still have it? |
| 22. | _ | you stored property in a storage uni | t or place other than yo | ur home within 1 | year before you filed for bankrupt | cy? |
| | | Yes. Fill in the details. | | | | |
| | | e of Storage Facility "ess (Number, Street, City, State and ZIP Code) | Who else has o to it? Address (Number State and ZIP Code) | | Describe the contents | Do you still have it? |
| Par | t 9: | Identify Property You Hold or Control | ol for Someone Else | | | |
| 23. | | ou hold or control any property that someone. | someone else owns? In | clude any propert | y you borrowed from, are storing | for, or hold in trust |
| | _ | No Yes. Fill in the details. | | | | |
| | | er's Name ress (Number, Street, City, State and ZIP Code) | Where is the pr (Number, Street, City Code) | | Describe the property | Value |
| Par | t 10: | Give Details About Environmental I | nformation | | | |
| For | the pu | rpose of Part 10, the following defin | itions apply: | | | _ |
| | · | ronmental law means any federal, sta | , | gulation concerni | ing pollution, contamination, relea | ases of hazardous or |

- toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Carol A. Visconti Case number (if known)

| 24. | Has any governmental unit notified you that | you may be liable or potentially liable | under or in violation of an environme | ental law? | | | |
|-----|--|---|--|--------------------|--|--|--|
| | No Silver of the state of | | | | | | |
| | Yes. Fill in the details. Name of site | Governmental unit | Environmental law, if you | Date of notice | | | |
| | Address (Number, Street, City, State and ZIP Code) | Address (Number, Street, City, State and ZIP Code) | | Date of Hotice | | | |
| 25. | Have you notified any governmental unit of | any release of hazardous material? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 26. | Have you been a party in any judicial or adn | ninistrative proceeding under any envir | ronmental law? Include settlements a | and orders. | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | |
| Par | 11: Give Details About Your Business or | Connections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankrupt | cy, did you own a business or have any | y of the following connections to any | business? | | | |
| | ☐ A sole proprietor or self-employed in | a trade, profession, or other activity, either full-time or part-time | | | | | |
| | ☐ A member of a limited liability comp | any (LLC) or limited liability partnershi | p (LLP) | | | | |
| | ☐ A partner in a partnership | | | | | | |
| | ☐ An officer, director, or managing exc | ecutive of a corporation | | | | | |
| | ☐ An owner of at least 5% of the voting | g or equity securities of a corporation | | | | | |
| | No. None of the above applies. Go to Part 12. | | | | | | |
| | ☐ Yes. Check all that apply above and fill | in the details below for each business. | | | | | |
| | Business Name Address | Describe the nature of the business | Employer Identification number Do not include Social Security I | | | | |
| | (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed | | | | |
| 28. | 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. | | | | | | |
| | ■ No □ Yes. Fill in the details below. | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | | | | |
| | | | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debtor 1 Carol A. Visconti | | Case number (if known) |
|---|--|--|
| Part 12: Sign Below | | |
| | naking a false statement, concealing p | ments, and I declare under penalty of perjury that the answers property, or obtaining money or property by fraud in connection or up to 20 years, or both. |
| /s/ Carol A. Visconti | | |
| Carol A. Visconti Signature of Debtor 1 | Signature of Debtor | 72 |
| Date April 1, 2020 | Date | |
| Did you attach additional pages to <i>Your</i> ■ No □ Yes | Statement of Financial Affairs for Ind | lividuals Filing for Bankruptcy (Official Form 107)? |
| Did you pay or agree to pay someone w | no is not an attorney to neip you till o | ut pankruptcy forms? |

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

United States Bankruptcy Court Eastern District of Michigan

| e <u>Carc</u> | l A. Visconti | D.1. () | Case No. | |
|-------------------|---|--|---|----|
| | | Debtor(s) | Chapter 7 | |
| | STATEMEN | T OF ATTORNEY FOR DEBT | COR(S) | |
| | <u>PURSU</u> . | ANT TO F.R.BANKR.P. 2016(I | <u>b)</u> | |
| The u | undersigned, pursuant to F.R.Bankr.P. 2016(b), | states that: | | |
| The u | indersigned is the attorney for the Debtor(s) in | this case. | | |
| The c | compensation paid or agreed to be paid by the I FLAT FEE | Debtor(s) to the undersigned is: [0 | Check one] | |
| A. | For legal services rendered in contemplate exclusive of the filing fee paid | | | |
| B. | Prior to filing this statement, received | | 1,000.00 | |
| C. | The unpaid balance due and payable is | | 0.00 | |
| [] | <u>RETAINER</u> | | | |
| A. | Amount of retainer received | | ····· | |
| In ret | agreed to pay all Court approved fees and 35.00 of the filing fee has been paid. urn for the above-disclosed fee, I have agreed to not apply.] | , | of the retainer. ects of the bankruptcy case, including: [Cross out a | ny |
| A. B. C. D. E. F. | Analysis of the debtor's financial situation bankruptcy; Preparation and filing of any petition, sche Representation of the debtor at the meetin Representation of the debtor in adversary Reaffirmations; Redemptions; | edules, statement of affairs and pl g of creditors and confirmation h | earing, and any adjourned hearings thereof; | |
| G. | | es rendered by associate attor | by attorney JOSEPH L. GRIMA shall be billed in the shall be billed at \$175 per hour. THESE | at |
| | The undersigned shall reimburse all ppage of facsimile and the rate of \$0.25 | | rges and copying charges (at the rate of \$0.50 | pe |
| By ag | greement with the debtor(s), the above-disclose | ed fee does not include the follow | ing services: | |
| | In Chapter 7, representation of the del actions or any other adversary procee | | ctions, judicial lien avoidances, relief form stay | |
| The s | ource of payments to the undersigned was from XX Debtor(s)' earnings, wa | n: ges, compensation for services pe | | |

| | ollews: |
|-----------------------|--|
| April 1, 2020 | /s/ Joseph L. Grima |
| | Attorney for the Debtor(s) |
| | Joseph L. Grima P44756 |
| | Joseph L. Grima & Assoc. P.C. |
| | 18232 Mack Ave. |
| | Grosse Pointe Farms, MI 48236 |
| | (313)417-8422 jgrima@grimalaw.com |
| /s/ Carol A. Visconti | |
| Carol A. Visconti | |
| Debtor | Debtor |
| | April 1, 2020 /s/ Carol A. Visconti Carol A. Visconti |

CHAPTER 7 RETAINER AGREEMENT

THE UNDERSIGNED hereby retain(s) the law firm of JOSEPH L. GRIMA & ASSOCIATES, P.C. for representation in a Chapter 7 Bankruptcy:

THE UNDERSIGNED agree(s) to pay the following for said representation:

Court Filing Fee:

\$335

(payable to U.S. Bankruptcy Court)

Attorney Fee:

\$1000

THE UNDERSIGNED understand(s) that all attorney fees must be paid before this case is filed.

THE UNDERSIGNED further understand(s) that all attorney fees must be paid within 60 days of the signing date on this Retainer Agreement.

THE UNDERSIGNED further understand(s) that the \$500 retainer fee is non-refundable.

THE UNDERSIGNED is/are aware that they must provide all requested documentation at their next scheduled appointment. Failure to provide this requested documentation will result in additional appointments which will result in an additional \$200 charge for every additional appointment resulting from failure to provide this documentation.

Services rendered or to be rendered are as follows:

- Analysis of the financial situation, and rendering advice and assistance to the client in determining (a) whether to file for bankruptcy.
- Preparation and filing of the petition, schedules, statement of affairs and other documents required (b) by the Court.
- Representation of the client at the first meeting of creditors. (c)

THE UNDERSIGNED is/are aware that they may not be able to get rid of all debts through this bankruptcy; that certain debts such as child support, alimony, student loans, taxes, debts incurred as a result of fraud, and others are non-dischargeable in bankruptcy.

THE UNDERSIGNED has/have been informed by their attorney that they may proceed under Chapter 7, 11, 12, or 13 of Title 11, U.S. Code, understands the relief available under such chapter, and choose to proceed under Chapter 7 of such title.

DOCUMENT RETENTION: THE UNDERSIGNED has/have been informed that in accordance with the file retention policy of JOSEPH L. GRIMA & ASSOCIATES, P.C., file materials will be destroyed five (5) years after the conclusion of this legal matter unless client(s) instructs this firm in writing that the file materials be delivered to client(s) before destruction.

THE UNDERSIGNED acknowledge that they have received a copy of this retainer agreement on the date

signed.

Agreed:

client

Attorney for the Debtor(s) Joseph L. Grima (P 44756)

Joseph L. Grima & Associates, P.C.

18232 Mack Ave.

Grosse Pointe Farms, MI 48236

(313) 417-8422

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation | |
|------------|--------------------|--|
| \$245 | filing fee | |
| \$75 | administrative fee | |
| + \$15 | trustee surcharge | |
| \$335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans.

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_form s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days before you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Michigan

| In re | Carol A. Visconti | | Case No. | |
|--------|-------------------------------------|---|---------------------|-------------------------|
| | | Debtor(s) | Chapter | 7 |
| | VERI | FICATION OF CREDITOR | MATRIX | |
| The ab | ove-named Debtor hereby verifies th | nat the attached list of creditors is true and | correct to the best | t of his/her knowledge. |
| Date: | April 1, 2020 | /s/ Carol A. Visconti | | |
| | | Carol A. Visconti Signature of Debtor | | |
| Date: | April 1, 2020 | /s/ Joseph L. Grima | | |
| | | Signature of Attorney Joseph L. Grima P44756 Joseph L. Grima & Assoc. P.C 18232 Mack Ave. | | |

U.S. Trustee Suite 700 211 West Fort St. Detroit, MI 48226

Ally P.O. Box 130424 Saint Paul, MN 55113-0004

Butler Rowse-Oberle, P.L.L.C. 24525 Harper Ave. Suite # 2 Saint Clair Shores, MI 48080

Capital One P.O. Box 4144 Carol Stream, IL 60197

Chase Prime P.O. Box 6294 Carol Stream, IL 60197

Christian Financial C.U. 18441 Utica Road Roseville, MI 48066

Comenity Bank
P.O. Box 659823
San Antonio, TX 78265

Extra C.U. 6611 Chicago Road Warren, MI 48092

Extra C.U. 6611 Chicago Rd. Warren, MI 48092

Ford Motor Credit P.O. Box 552679 Detroit, MI 48255 Internal Revenue Service Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101-7346

Internal Revenue Service SBSE/Insolvency Unit P.O. Box 330500, Stop 15 Detroit, MI 48232-6500

Kohl's
P.O. Box 2983
Milwaukee, WI 53201-2983

Michael Visconti 14304 Brandywine Sterling Heights, MI 48312

Michigan Department Of Treasury Collection/Bankruptcy Unit P.O. Box 30168 Lansing, MI 48909

Mortgage Center Inc. 26555 Evergreen Road #900 Southfield, MI 48076

Nelnet P.O. Box 5609 Greenville, TX 75403

Sallie Mae Servicing Corp. P.O. Box 9500 Wilkes Barre, PA 18773-9500

Synchrony Bank - Amazon P.O. Box 960013 Orlando, FL 32896

Target National Bank P.O. Box 660170 Dallas, TX 75266-0170

U.S. Attorney Attn: Civil Division 211 W. Fort, #2001 Detroit, MI 48226

U.S. Attorney General U.S. Department of Justice 950 Pennsylvania Ave., N.W. Washington, DC 20530

U.S. Department Of Education P.O. Box 5609 Greenville, TX 75403